

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **JA248393**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) <b>RYAN, COLIN P</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. <b>18694</b>			ADDRESS OF OCCURRENCE <b>1557 W 43RD ST</b>		
POSITION <b>POLICE OFFICER</b>			CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago)		
DATE OF APPOINTMENT <b>02-FEB-2015</b>			EMPLOYEE NO. <b>[REDACTED]</b>		
UNIT OF ASSIGNMENT <b>009</b>			BEAT/CALL NO. <b>0962E</b>		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB <b>[REDACTED]</b>	LOCATION CODE <b>304-STREET</b>		
HEIGHT <b>600</b>		WEIGHT <b>200</b>	DATE OF OCCURRENCE <b>02-MAY-2017</b>		
			TIME <b>21:10:00</b>		
			DAY OF WEEK <b>TUESDAY</b>		
NO. OF OFFICERS BATTERED <u>2</u>					
WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES    2. <input checked="" type="checkbox"/> NO					
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____					
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			MANNER OF ATTACK		
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SOUADROL <input checked="" type="checkbox"/> F. OTHER <u>TACTICAL</u>		
			<input checked="" type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
TYPE OF ACTIVITY			TYPE OF WEAPON/THREAT		
<input checked="" type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER			(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u>223/5.56</u> <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input checked="" type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
			<input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____		
TYPE OF INJURY TO OFFICER			OFFENDER INFORMATION		
<input type="checkbox"/> A. FATAL <input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE			SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE _____    DOB _____ CB NO. _____    IR NO. _____		
			WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>2</u>		
LIGHTING CONDITIONS AT INCIDENT			WEATHER CONDITIONS		
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD			<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>46° F</u>		

100# 1085062 a

Additional information: Two offenders present, possibly additional offenders involved.

LOG # 1085062  
Attachment # 9

REPORTING MEMBER - SIGNATURE  
DOERGE, ANDREW N

STAR NO.  
1582

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
VALADEZ, FRANCIS A 484